

**MID GSA - CITY OF MADERA GSA - MWD GSA
DOMESTIC WELL MITIGATION PROGRAM (DWMP)**

INITIAL WELL ASSESSMENT FORM

This form must be completed within 45 calendar days prior to application submittal date.

LANDOWNER INFORMATION																
Last Name:	First Name:	Middle:														
Mailing Address:	City:	State: CA	ZIP:													
Property Address:	City:	State: CA	ZIP:													
Phone:	Secondary Phone:															
E-mail Address:																
Parcel Number:	Do you live on Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Occupants in Home:														
Driller Name: _____		Well Info:														
Driller Phone Number: _____		Date Issue Arose: _____														
Driller on "Pre-Approved Driller List" <input type="checkbox"/> Yes <input type="checkbox"/> No, Does Not Qualify for DWMP		Casing Material: _____														
Initial Well Assessment Completed: _____ (Date) <input type="checkbox"/> Drillers Log (attach) <input type="checkbox"/> Video Log (attach) Dates: _____, _____ (mm.yy) <input type="checkbox"/> Site Photos (attach) <input type="checkbox"/> Well Design Documentation (attach)		Casing Diameter: _____ in Depth to Bottom: _____														
Well Driller certifies the well is <u>ONLY</u> dry due to declining water levels and Well Driller has no relationship to the Landowner or Tenant, if applicable. <input type="checkbox"/> Yes <input type="checkbox"/> No																
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="width: 33%; border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="width: 33%; border-top: 1px solid black; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border: none;">Landowner Signature</td> <td style="border: none;">Print Name</td> <td style="border: none;">Date</td> </tr> <tr> <td style="width: 33%; border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="width: 33%; border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="width: 33%; border-top: 1px solid black; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border: none;">Well Driller Signature</td> <td style="border: none;">Print Name</td> <td style="border: none;">Date</td> </tr> </table>								Landowner Signature	Print Name	Date				Well Driller Signature	Print Name	Date
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